

DOCUMENT RESUME

ED 209 785

EC 140 095

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TITLE

A Manual for Screening and Assessing Students of Limited English Proficiency.

PUB DATE

Feb 81

NOTE

18p.; Paper presented at The Council for Exceptional Children Conference on The Exceptional Bilingual Child (New Orleans, LA, February 18-20, 1981, Session TH-10).

EDRS PRICE

MF01/PC01 Plus Postage.

DESCRIPTORS

*Disabilities; Elementary Secondary Education; English (Second Language); Handicap Identification; *Language Proficiency; *Language Tests; *Minority Groups; Screening Tests; *Student Evaluation; Student Placement

IDENTIFIERS

*Limited English Speaking

ABSTRACT

The steps in the manual are designed to ensure that developmentally normal limited English proficiency (LEP) students are properly placed and to increase the validity of the special education referral-assessment-placement system. The construct of LEP is explained, and procedures for selecting two language proficiency tests are outlined. Criteria for decision making for the four phases of the screening assessment process are listed: Phase 1--informal language screening with the student/home language questionnaire; Phase 2--formal language assessment; Phase 3--formal educational screening; and Phase 4--additional testing. (SB)

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A MANUAL FOR SCREENING AND ASSESSING STUDENTS
OF LIMITED ENGLISH PROFICIENCY

by

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Paper presented at the Council for Exceptional Children's Conference on
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I. Preface

This publication is intended to be responsive to practitioner needs for procedures related to nondiscriminatory assessment, specifically procedures adequate to protect and ensure appropriate educational intervention for members of non-dominant ethnic populations who speak languages other than English, as provided by P.L. 94-142, Section 504 of P.L. '93-113, recent federal court decisions (e.g., Lau v. Nichols) and certain state laws. While many of the procedures have relevance for all children who are limited English proficient (LEP), the particulars will apply to Spanish speakers.

That minority ethnic groups have been overrepresented in and often invalidly assigned to virtually all categories of exceptionality normally treated by the public schools has been too well documented to review in this document. Furthermore, the profession of special education has come to realize the role it has played in "disposing" of children whose behavior upon reexamination was seen to be not deficient but merely different--different in culturally patterned and otherwise adaptive, acceptable ways.

Extension of the "due process" notion into the assessment-placement-intervention sequence has been viewed by some (see Bernal, 1977b) as an opportunity to enhance the validity of assessment and increase the efficacy of the intervention. More persons are involved in the process; there is more opportunity to verify tentative diagnoses and to monitor the outcomes of intervention.

Children who are not proficient in English pose special challenges. On the one hand, public education in general must learn to build upon the particular learning characteristics of these populations and adopt or design educational programs, such as bilingual education, which are potentially better suited to their needs. On the other hand, lack of English proficiency severely reduces their ability to perform in a "normal" manner on many traditional standardized tests (Baca, Love, et al., 1974).

The problems of misdiagnosis, misclassification, and inappropriate placement seem most acute with the cognitively and emotionally "mildly handicapped" group. Cultural, linguistic, and cognitive style differences are oftentimes mistakenly equated with learning and performance deficits (Mercer, 1975). Hence, diagnosis using traditional methods exclusively has misclassified children as exceptional, misdiagnosed the truly exceptional, and placed many children into special education services when alternative programming within regular education was in order.

The steps adumbrated in this manual are designed to utilize to the greatest extent the requisite language screening resources of the local school in order to ensure that developmentally normal LEP students are properly placed and increase the validity of the special education referral-assessment-placement system. As Tucker has noted, "professionals...have to utilize all the available data from all the relevant sources possible before making any placement

decision...when the result of such a decision would place the child in a learning environment other than the regular classroom" (1977, p. 94). Knowledge gained from language proficiency testing will help guide subsequent educational decision-making and, if necessary, placement, thereby ensuring that the student's rights have been respected.

Limited English Proficiency (LEP): A Complex Construct

LEP is a relatively new construct used to describe students whose language skills profiles qualify them to participate in federal and state bilingual education programs. The construct of limited English speaking ability (LESA) was used previously, but is being replaced by LEP for practical educational purposes now that school systems are implementing bilingual or related educational programs beyond the first few years of schooling, where English speaking skills represent the principal prerequisites for instruction in the English language arts. In the later elementary grades, of course, reading and writing have facilitative functions as well; hence, LEP is a more comprehensive construct. LESA implies LEP, but non-LESA children (who are bilingual) may be LEP if their reading and writing skills in English are insufficiently developed to permit their coping with the demand characteristics of the English curriculum. Currently no single test measures LEP directly.

LESA can be determined by administering the English oral proficiency sections of any number of language tests currently available. The state of the art, however, makes many of these dubious value, and all such tests need to be reviewed according to established psychometric standards prior to adoption. By and large, language proficiency instruments place people into sequential categories of proficiency, categories which yield a limited rank-order scale (e.g., 1 to 5, low to high) where minimal proficiency is defined in the upper ranges (usually a 4). However, the low reliability which most of these instruments possess usually means that the obtained score is only accurate to ± 1 category. Thus a child who scores a 4 in English, and thereby deemed proficient, may actually be a 3, hence LESA, and vice-versa.

It is important, also, to administer the Spanish sections of these tests, for it is the bilingual realities which should determine the initial referral of LESA children to special education services. LEP children who are developmentally normal (i.e., who score a 4 or a 5 in Spanish) are not inherently language handicapped, although they may lack sufficient proficiency in English to benefit maximally from content instruction in that language. Placement into bilingual education or a related program is in order for these children.

Some children, however, will not score satisfactorily in either language. As suggested earlier, this could be a function of the inherent psychometric limitations of the test which could be further compounded by a lack of skills in test administration. Furthermore, some of these instruments "penalize" a child's score if a child "mixes" Spanish and English when formulating a response or if the child answers in the other language. Such tests are to be avoided when a child is "worked up" by a diagnostician, since they do not credit a child for the communicative competence she/he possesses, a competence

which, again, is counterindicative of a speech or language disorder. Instead, tests which stress the syntactic manipulation of either language should be used, and language assessments should be repeated, using a different instrument than that used in the school's general language screening (to eliminate the practice effect) as part of the comprehensive individual assessment for special education. This second testing should be conducted by a bilingual diagnostician who, in addition to obtaining fresh language data under better circumstances than classroom testing, can observe and document stutters, echolalia, and other evidence of speech disorders or lack of comprehension. Note that for eligibility for special education, language dominance* is not the issue; proficiency is. Thus tests which do not explicitly measure proficiency should not be used.

Different states and school districts have established different achievement criteria--usually set arbitrarily (Curtis, Ligon & Weibly, 1980) on the basis of professional judgment--in the language arts to determine when a bilingual student is no longer LEP, no longer "at risk," as it were, in an English monolingual curriculum. Usually several subtests of a more comprehensive achievement battery are taken into account: reading, vocabulary, and language, or some composite of "verbal" tests.

Selecting Two Language Proficiency Tests

The state of the art in language proficiency testing of young students, as suggested earlier, is mixed. The popularization of bilingual and second language programs in the last decade has brought a plethora of language screening tests, many of which, though attractive to desperate professionals, are not adequate to the psychometric task (Bernal, Note 1). Hence the following test selection procedure is advanced for use by bilingual and special education professionals at the local level. A cooperative effort is encouraged.

1. Order numerous test specimens from publishers. If you wish, contact the language testing specialist at the Evaluation, Dissemination, and Assessment Center (Title VII), the Bilingual Education Service Center (Title VII), or the Regional Resource Center nearest to your site, as they may make copies of these instruments available to you or suggest the most recent test reviews available (e.g., Silverman, Noa, & Russell, 1976; Silverman & Tupper, 1978). The Office of Bilingual Education in your state education agency can help you contact these persons or may provide you with a list of popular, recommended, or approved proficiency tests.

*Language dominance is defined as the higher of two proficiency scores in English or Spanish. Dominance in a given language, however, does not necessarily mean proficiency in that language, since a child with a genuine language handicap may not meet criterion performance for proficiency. Equal proficiency in two languages yields a "balanced" bilingual.

2. Reserve for review only those tests which explicitly measure language proficiency in two languages and which yield a separate score for each language. English scores must be interpretable in terms of LESA or LEP.
3. Examine the tests and reduce them to the set of those which require children to elaborate their oral language responses. Avoid tests that merely require comprehension, non-verbal responses, or very simple oral answers.
4. Further delimit the tests to those that are readily hand scorable for quick turnaround.
5. Select those tests with the highest reliabilities. Not less than three should remain at this point.
6. Conduct a small study of these tests, administering them in random order to 25 or 30 language minority students over a month's time, in order to determine their intercorrelations.
7. Select the two tests which most highly correlate with one another.

Overview of the Screening Assessment Process

Figure 1 summarizes the screening assessment process proposed herein. This process builds upon the minimal language screening and educational placement system which every school district with LEP students should have implemented, thereby providing as much needed interface for Hispanic students between bilingual education and special education (Curtis, Ligon & Weibly, 1970).

[Insert Figure 1 about here]

Phase 1: Informal Language Screening: Student/Home Language Questionnaire

This questionnaire is a simple instrument which, administered orally or through an easy-to-read-and-complete bilingual format, obtains data on family ethnicity and the languages spoken by each entering student and by the student's significant others at home. This questionnaire should not be required only of persons with certain ethnic surnames, since this procedure would miss many students who should be language screened. It is an efficient means of satisfying legal screening requirements and of limiting formal language assessment to those likely to be in need of it. These questionnaires, however, do not assess language ability (Walters, 1979); thus, further testing is in order for children who come from bilingual or other language speaking environments or who are reportedly bilingual or monolingual speakers of a language other than English.

Criteria for initial decision-making:

1. If the questionnaire indicates that the child is English monolingual and comes from an English monolingual or English dominant home, refer the child to the regular educational screening process.
2. If the child comes from a home where a language other than English is spoken on a regular basis, refer the child for formal language assessment, even if the child appears to be English proficient or English monolingual.
3. If the child appears to be LESA, refer for formal language assessment.
4. If a child from a non-Anglo (regardless of surname or physical appearance) ethnic background is referred by teachers or other school personnel for special education assessment on the basis of a suspected cognitive or emotional disorder, refer for formal language assessment.

Phase 2: Formal Language Assessment

During this second phase language proficiency tests are administered to all the children referred through Phase 1. In addition, Hispanic children in grades 3 to 12 are either given achievement tests in the language arts (and preferably other areas as well, especially mathematics) or have their recent test scores reviewed. Four categories of children should emerge from Step 2.

Criteria for decision-making; grades K-2.

1. If the child shows at least minimal proficiency in English and lower or no proficiency in Spanish, the child is English proficient and English dominant or English monolingual, and should be referred to the regular education screening/placement system..
2. If the child demonstrates at least minimal proficiency in English and at least minimal proficiency in Spanish, the child is an English proficient, balanced or Spanish dominant bilingual. The child may be dominant in one or may be a balanced bilingual (equal scores in both languages) Using the five point language proficiency scale as an illustration

a child may be a 5-5, a 5-4, a 4-5, or a 4-4 in Spanish and English respectively. Recent research (DeAvila, Cervantes, & Duncan, 1978) indicates that 5-5 children have a good likelihood of being high achievers, and thus may be referred to the gifted program, if one exists, for further screening. English proficient bilingual children may be referred to the regular education screening/placement system or to the bilingual program, depending upon the language philosophy and pedagogical practice adopted by the school system and the types of alternative educational programs available, e.g., enrichment (as opposed to compensatory) bilingual programs for capable students.

3. Those who are not at least minimally proficient in oral English but who demonstrate normal competence in oral Spanish are Spanish-proficient LEP students and should be referred to the bilingual program.
4. Students who are not at least minimally orally proficient in either English or Spanish are LEP, not Spanish-proficient. These students should be referred for Comprehensive Individual Assessment, Phase 3 of this screening-assessment process.

Criteria for decision-making, grades 3-12.

1. If the child shows at least minimal oral proficiency (level 4) in English and low or no oral proficiency in Spanish (level 3 or below), the child is English proficient and English dominant or English monolingual. A child like this with extremely low achievement test scores may be referred for a Comprehensive Individual Assessment, of course, but not on the basis of oral language deficiencies. Otherwise refer this child to the regular education screening/placement system.
2. If the child demonstrates at least minimal oral proficiency in English and Spanish (level 4 in each) and a locally acceptably level of achievement in English language arts, the child is an English proficient bilingual. This child may be placed in regular education or in the bilingual program, depending upon the language philosophy adopted by the school system. A child who has oral proficiency in both languages but does not meet the achievement criteria in English language arts is LEP and should be placed in the bilingual program.

3. Those who are not at least minimally proficient in oral English (does not attain level 4) but who demonstrate normal competence in oral Spanish (levels 4 or 5) are Spanish-proficient LEP students and should be referred to the bilingual program. English language achievement test scores should be used to help plan the alternative program's intervention sequence for the student.
4. Students who are not at least minimally orally proficient in either English or Spanish are LEP, not Spanish-proficient. These students should be referred for Comprehensive Individual Assessment, Phase 3 of this screening-assessment process.

Phase 3: MDA Assessment.

It is at this point that the formal special educational screening of the LEP child takes place. Several steps must be adhered to in order to discharge the legal, ethical, and professional requirements of Phase 3. Figure 2 details the steps involved in Phase 3.

[Insert Figure 2 about here]

Step 1. Determine the student's language dominance and proficiency. This process should begin by administering a different language assessment instrument than was used in Phase 2. This test should be administered by a bilingual psychometrist experienced in language proficiency testing and capable of making incisive, culturally sensitive observations of behavior, an important source of data for the MDA team. Many students, it will be found, make significant improvements by the time this second language testing occurs.

Criteria for decision-making:

1. If the student upon retesting indicates normal proficiency in at least one language and demonstrates no signs of abnormal functioning, refer the child to the appropriate program using the guidelines established for Phase 2.
2. If the student upon retesting does not meet criterion 1 above, determine the child's proficiency in each language, the child's language dominance, and whether the child mixes or switches languages during conversation. A child who scores a 3 in at least one language can probably be tested and asked to respond orally in that language. A child who scores no better than a 2 in either language may not have sufficient proficiency to communicate orally with the examiner, and during the later assessment stages

may have to be tested using techniques which do not require much oral production. Likewise, the examiner should, during subsequent testing, use the child's dominant language or dialectical variant for communication. Finally, the child's suspected disabilities should be specified.

Step 2. Obtain informed consent and select appropriate MDA team members. Informed consent should be obtained from the parents of the child with the suspected disability. Much has been written on this topic and the basic considerations need not be reviewed here. However, the consent form should be published bilingually and may have to be presented orally to parents who may not know how to read in either language. Bilingual teachers or community liaisons can help explain the MDA process, obtain parental consent, and secure their cooperation in the assessment process, including important information about the child's behavior in the home.

The MDA team must be composed of persons whose expertise or familiarity with the student permit them to make substantial contributions to the assessment-placement-intervention process. At a minimum it should include the following persons:

- a) A specialist in first and second language development/acquisition.
- b) A specialist in the area(s) of suspected disability.
- c) The referring classroom teacher or the teacher in whose class the child has been temporarily placed, pending the results of screening or assessment.
- d) A person knowledgeable about the child's culture and family background.

Step 3: Conduct MDA assessment: Contraindications. Because of the risks to validity in assessing culturally and linguistically different students, this step is emphasized. It is designed to gather information on the suspected disabilities, but information which has the immediate possibility of disproving or qualifying the disability.

Interviews, adaptive behavior questionnaires or observation forms, and empirically verified systems to "correct" for biased standardized test results should be used. For MR-suspected children, Piagetian measures can be profitably employed to see if children are cognitively as mature as their normal age mates (DeAvila & Havassy, 1975). Piagetian tests have been shown to yield similar results across cultural groups, and have the advantage of being administrable in a child's dominant language without altering the nature of the tasks presented.

Criteria for decision-making:

1. For each suspected exceptionality the MDA team must determine whether the contraindicators data are sufficient to exempt the child from further testing. If the child can be exempted from all further testing, place the child into the appropriate regular educational program with or without additional, supportive help, as indicated.
2. If the child cannot be exempted from all further testing because contraindicators do not rule out certain exceptionalities, specify the residual set of suspected exceptionalities and proceed to Step 4.

Step 4: Conduct MDA assessment: Indicators. By now a lot should be known about the child. Additional testing, even with somewhat inappropriate instruments, is now inevitable. Some adaptations for the LEP or LESA child need, however, to be made.

First, select those tests which require minimal verbal interactions. Some tests for disabilities can be conducted by encouraging the child to imitate the examiner or engage a psychomotor task, such as copying designs or manipulating objects. These should pose no trouble to the experienced diagnostician, even when the diagnostician is disadvantaged by being an English monolingual! Tests with more difficult instructions or which probe the ideational processes of the child more directly, however, must be administered in the child's dominant language.

The key to administration, scoring, and interpretation of these instruments, however, is to never forget that they are more or less inappropriate for the child, i.e., that the linguistically different child is systematically different from the children upon whom the tests were developed and standardized. (Bernal, 1977a). The usual norms or criteria do not apply in this instance; traditional scoring may yield scores which underestimate the child's potential. The best perspective is probably to see these tests as collections of tasks--tasks which ultimately form the basis for clinical judgments regarding placement and programming.

Which of these tasks did the student pass? Is there a pattern of passes? Do the tasks passed indicate normalcy in the areas of suspected exceptionality?

Which areas remain? Is there a pattern of tasks missed which tend to confirm that one or more exceptionalities exist?

Criteria for decision-making:

1. If student performance (i.e., patterns of passes) indicate basic normalcy, the child is not handicapped and should be placed into the bilingual education program or the English program according to language dominance. Data acquired during Phase 3 should be utilized to plan the child's intervention with greater care, as it is likely that this child will need additional support.
2. If the child's performance (i.e., patterns of misses) indicate a mildly handicapping condition the child is mildly handicapped and should be mainstreamed into the bilingual or English program according to language dominance, and additional support and resources should be provided. All of the other provisions of special education apply, including the IEP and periodic reviews of progress and reassessment of status.
3. If the child's performance indicates a more severe or profoundly handicapping condition, all of the provisions for special education placement and programming apply as in 2 above. In addition, serious consideration must be given to conducting some or all of the special intervention in the child's dominant language if it is not English.

Conclusion

The screening-assessment-placement process for language minority children is difficult but not impossible (Tucker, 1977). Through coordination with other LEA functions, the process can be both valid and efficient. Furthermore, the ill effects of misclassification and inappropriate placement can be reduced by periodic review and reassessment, as provided by law.

The point is that by a judicious selection and application of tests, the validity of diagnoses and placement of language minority students can be enhanced, to the benefit of all.

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FIGURE 1: SCREENING ASSESSMENT PROCESS

Phase 1: Informal Language Screening

Phase 2: Formal Language Assessment

Phase 3: MDA Assessment

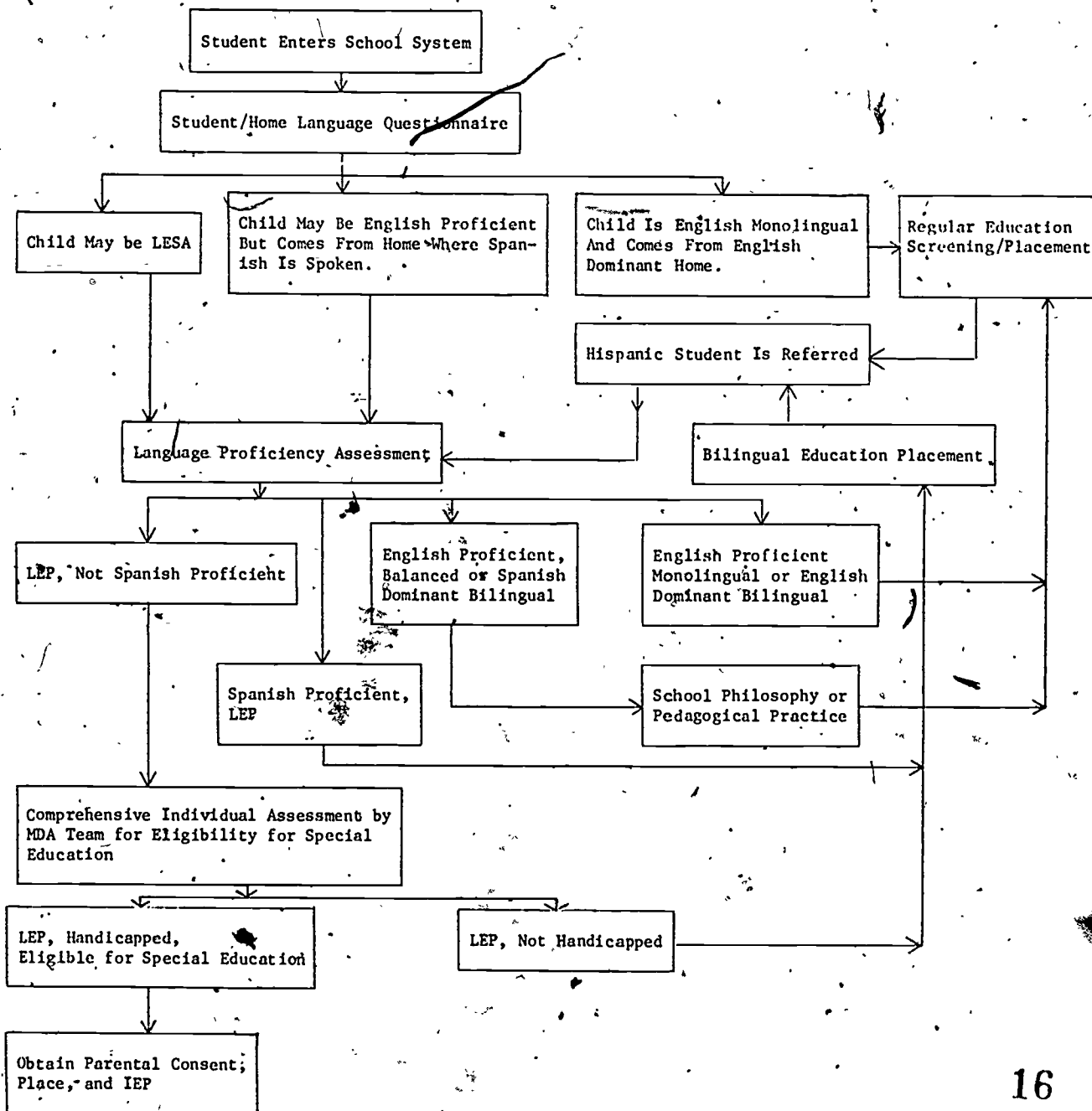


FIGURE 2: DETAILED VIEW OF PHASE 3, COMPREHENSIVE INDIVIDUAL ASSESSMENT

